



United Cerebral Palsy
Of Greater Suffolk

Calendar Year 2013

Dear Prospective Volunteer:

Thank you for your interest in volunteer opportunities at UCP Suffolk. Volunteers provide meaningful service to our programs.

Enclosed find the Volunteer Application, the Agency Overview, the Volunteer Conduct Requirements and Release Forms for your review. All of these forms must be completed and returned to me at the address below. Please be advised that all volunteer applicants are required to have a Tuberculosis Test, Substance Abuse Screening and are subject to a Criminal History Check in order to complete the application process. Volunteers under the age of 18 must have a parent or guardian sign the three Release Forms.

Upon receipt of your completed application, I will forward it to the department(s) of interest. The manager of the department may call you if further clarification is needed. When a volunteer service match is agreed upon, you will be contacted to come to UCP Suffolk, Hauppauge for testing instructions and additional required forms. All testing results must be completed before a final service decision can be made.

Once a service determination is finalized, an orientation of one or more hours may be needed to provide specific disability and departmental safety information.

If you have computer access, you might also want to view our web site www.ucp-suffolk.org for further information about our services and programs.

Thank you again for your interest and feel free to call me at 232-0011 ext. 474 if you have further questions.

Sincerely,

Wendy Stampf

Wendy Stampf
Recruiter

Attachments



United Cerebral Palsy
Of Greater Suffolk

VOLUNTEER APPLICATION

Thank you for your interest in volunteer opportunities at UCP Suffolk. Please complete the personal information questionnaire required by law in the State of New York for all volunteers seeking placement in a non-profit organization. It will assist us in our efforts to match your skills to current volunteer needs.

Please Print Information Clearly

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: H () _____ W () _____ e-mail: _____
Age: Under 18

Where did you hear about UCP and our volunteer opportunities? _____

Person to be contacted in case of emergency or illness:

Name: _____

Address: _____

Phone: H () _____ W () _____ Other () _____

Relationship: _____

Education: (Please circle highest level attained)

High School GED College 1,2,3,4, Graduate School Other: _____

Current Employment/Profession: _____

Please list related experience / work skills including volunteer, internships or special training:

Over Please ☞

VOLUNTEER APPLICATION *Continued*

Please Print Information Clearly

Do you require any reasonable accommodations to perform this volunteer position? NO YES

Have you been convicted of a crime including a felony or misdemeanor? NO YES

If YES, please explain: _____

Please provide two personal or professional references:

Name	Relationship	Phone Number(s) / e-mail etc.

Using the list of Agency Program Descriptions attached, please number those that interest you beginning with the number 1 to indicate your first priority:

- | | |
|--|---|
| _____ Education - The Children's Center | _____ Community Day Habilitation Services |
| _____ Day Treatment Program | _____ Residential Program |
| _____ Development/Public Relations | _____ Diagnostic & Treatment Center |
| _____ Vocational Rehabilitation Programs | _____ Sports Team |

When are you available to volunteer? Please indicate times in boxes (*example: 9:00 to 11:00*)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Signature: _____ Today's Date: _____

*Thank you for taking time to complete this application.
Upon receipt, it will be forwarded to departments that interest you. Shortly thereafter, you'll be contacted if an immediate skill-match opportunity is open. Otherwise your application will be retained for future volunteer opportunities, as they become available.*



United Cerebral Palsy
Of Greater Suffolk

VOLUNTEER APPLICATION AGENCY OVERVIEW

OUR MISSION

...is to advance the independence, productivity, and full citizenship of people with cerebral palsy and other disabilities.

Description of the Agency

United Cerebral Palsy Association of Greater Suffolk, Inc. is a voluntary, not-for-profit comprehensive agency providing a wide range of services to more than 4,000 individuals with disabilities and their families living in Suffolk County. Children and adults receive services at our three primary campuses, satellite clinics, and our community-based residences. More than 600 individuals are in daily programs 12 months of the year. A President/CEO who reports to a voluntary 18-member Board of Directors manages the day-to-day operations of the agency. For more than 40 years, the agency has been serving the Suffolk County, Long Island community. There are 100 UCP affiliates throughout the United States. The UCP Suffolk affiliate is well respected on Long Island, within the State of New York, as well as nationally, having received numerous awards for our accomplishments in self-advocacy, leadership, programs, and publications. UCP Suffolk is also an active member of both business and not-for-profit organizations, including the Long Island Association, which is Long Island's largest business association, and is a founding member of the Alliance of Long Island Agencies serving people with disabilities.

The Children's Center, Commack

UCP Suffolk's Early Intervention, Pre-School and Education Programs advance the physical, cognitive and emotional growth of children with disabilities, ages birth to 21 years of age, with year-round comprehensive programs, screenings, evaluations, therapies, home and/or center-based instruction, family training and support groups, and assistive technology services.

The Day Treatment Program, Hauppauge

Day Treatment strives to increase the independence of individuals with disabilities who are over 21 years of age, including seniors, by providing life enrichment programs.

More than 140 adults with developmental disabilities (autism, epilepsy, mental retardation, neurological symptoms and cerebral palsy), ambulatory and non-ambulatory are served in this program.

The Vocational Rehabilitation Division, Hauppauge

The Vocational Rehabilitation Division at UCP of Greater Suffolk advances the independence of adults with disabilities by providing job-related services, employment options and advocacy support. Components include an on-site packaging and production workshop; The Employment Connection, a job placement service; and Supported Employment.

Community Day Habilitation Services, Hauppauge & Community

Community Day Habilitation Services offers a person the opportunity to become more interactive in the community. Day Hab supports a person's pursuit of a way of life that promotes the opportunity to learn and experience all that life has to offer. Services are practical, individualized and as personal as each person's interests and desires require. Activities may include educational, social, recreational, and personal enrichment. Nearly 75% of all activities take place in the community. They include visits to shopping malls, museums, schools, supermarkets, banks, and other settings where the skills learned will be used, as well as the use of public transportation. Individuals are not looking for special programs or services, but only to be fully included in the life of their community. Individuals also attend professional workshops and conferences as presenters and attendees. Participants in Day Hab are working hard to move from being dependent and excluded to becoming independent, included, and productive members of society.

The Residential Program

Residential Services maintains Intermediate Care Facilities (ICFs), Individual Residential Alternatives (IRAs) and Residential Habilitation Services throughout Suffolk County. Adults, ages 21 to over 70, with a range of disabilities, moderate to severe, are served by this program as are youngsters, age 13 to 21.

All UCP residences provide family-style living with individually decorated bedrooms and are located in residential neighborhoods in communities across Suffolk County. The goal is to provide persons with disabilities all necessary services in a home environment.

The UCP Health Center

The Health Center offers comprehensive outpatient medical, dental, mental health and rehabilitation services to the residents of Long Island. Licensed, certified, and experienced teams of professionals staff the center. The number of clinic sites continues to grow, highlighted by a new fully accessible center in Central Islip, as UCP makes a concerted effort to provide services to all in need.

Development & Public Relations, Hauppauge

The Development & Public Relations Department educates the community about UCP and its delivery of quality services to individuals with disabilities living in Suffolk County. It also oversees and facilitates a community-based, volunteer-driven fundraising program, which includes special events, direct mail, major gifts, corporate philanthropy and planned giving.



United Cerebral Palsy
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UCP OF GREATER SUFFOLK

VOLUNTEER CONDUCT REQUIREMENTS: 633.7 REGULATION

1. Volunteers shall not engage in any activity that constitutes abuse of individuals as defined in the Regulations of the Commissioner.
“**Abuse** – the maltreatment or mistreatment or mishandling of an individual which would endanger the physical or emotional well-being of the individual through the action or inaction on the part of any person including an employee, volunteer, consultant, contractor, visitor or other, whether or not the individual is or appears to be injured or harmed. The failure to exercise one’s duty to intercede on behalf of an individual also constitutes abuse.” (624.4b)
2. There shall be no use of corporal punishment upon individuals. “**Punishment, corporal** – the use of physical force upon an individual for the purpose of disciplining or chastising that individual.”
3. There shall be no discriminatory activity against individuals or others for any reason including race, religion, national origin, creed, age, sex, ethnic background, developmental disability, AIDS or HIV status.
4. Volunteers shall not distribute, sell, possess, purchase or consume illegal substances or alcohol while at the workplace or while performing in a work-related capacity. However, the consumption of alcohol on special occasions shall be permitted with prior written permission of the Executive Director.
5. Volunteers shall not come to work, or work, if their ability to perform their job is impaired due to the use of alcohol, a controlled substance, an illegal substance, or a prescribed medication.
6. Program participants shall not carry out the duties of volunteers unless such tasks are described in the individual’s program planning team for the purpose of increasing that individual’s skills.
7. Individuals shall not be subject to inappropriate exposure to firearms or other weapons in or on the grounds of the Agency. No firearms or weapons are permitted on the grounds of the Agency.
8. There shall be no personal financial transactions between volunteers and program participants, which may be construed as client exploitation or result in greater benefit to the employee than the individual.
9. Volunteers shall not model inappropriate or unacceptable behavior to an individual.
10. Volunteers shall treat program participant’s information as confidential and utilize such information in a professional manner at all times. To the extent volunteers obtain HIV-related information concerning a person, such information shall be maintained in confidence.

I have read the above “Volunteer Conduct Requirements,” and I understand my conduct requirements while functioning in a work-related capacity.

Volunteer Signature

Date



United Cerebral Palsy
Of Greater Suffolk

Dear Prospective Volunteer:

The New York State Health Department and the New York State Office For People With Developmental Disabilities (OPWDD) require all volunteers to have a yearly tuberculosis screening.

The only acceptable method of administration of the tuberculosis skin test is the two-step PPD which involves the introduction of a purified protein derivative (PPD) into the skin by intradermal injection, and read within 48 to 72 hours. A second test is administered (as long as there was a negative reaction to the initial skin test) one to three weeks later. All volunteers must have the PPD screening or submit documentation that a screening has been completed within the last twelve months. UCP Suffolk can administer this test, if necessary.

Please contact Elizabeth Weston as noted on the cover letter, if you have any questions or concerns. Thank you for your interest in volunteering at UCP Suffolk.

Sincerely,

Nursing Department

Nursing Department



United Cerebral Palsy
Of Greater Suffolk

RELEASE FOR MANTOUX TEST

If you are under eighteen (18) years of age, please have your parent or guardian complete and sign the bottom of this letter if you are going to receive your two-step ppd test at UCP Suffolk.

This signed release **must** be submitted with your application to allow UCP Suffolk to administer your two-step ppd test.

I hereby give permission for _____, to have the two-step ppd test administered by UCP Suffolk.

Signature of Parent/Guardian

Date



United Cerebral Palsy
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RELEASE FOR DRUG SCREENING

UCP Suffolk is firmly committed to ensuring a safe, healthy, productive and efficient work environment for our employees, program participants, volunteers and to the public in general.

UCP Suffolk has a vital interest in ensuring a safe, healthy and efficient working environment and in preventing accidents and injuries from misuse of alcohol or drugs. The unlawful or improper presence or use of drugs or alcohol in the workplace presents a danger to everyone.

If you are under eighteen (18) years of age, please have your parent or guardian complete and sign the bottom of this letter.

This signed release **must** be submitted with your application to allow UCP Suffolk to proceed with preparing you to receive your Drug Screening Test. You will be contacted, given an appointment to come to UCP Suffolk, Hauppauge and provided with additional documents at that time.

I hereby give permission for _____, to have UCP Suffolk, Inc. proceed with the drug screening process.

Signature of Parent/Guardian

Date



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RELEASE FOR FINGER PRINTING
CRIMINAL HISTORY RECORD CHECK

UCP Suffolk is firmly committed to ensuring a safe, healthy, productive and efficient work environment for our employees, program participants, volunteers and to the public in general.

UCP Suffolk is required / authorized by New York State Law to request a check of criminal history records and to review results of those record checks.

If you are under eighteen (18) years of age, please have your parent or guardian complete and sign the bottom of this letter.

This signed release **must** be submitted with your application to allow UCP Suffolk to proceed with preparing you to be finger printed. You will be contacted, given an appointment to come to UCP Suffolk, Hauppauge and provided with additional documents at that time.

I hereby give permission for _____, to have UCP Suffolk, Inc. proceed with the finger printing process.

Signature of Parent/Guardian

Date